

Assertive Community Treatment

ISSUE 16 FALL 2017

MO ACT NEWSLETTER

Hello from DMH

Burrell Behavioral Health
Columbia TAY Team
Columbia TAY-BH/DD Team
Springfield Adult Team
Springfield TAY Team

Compass Health
Nevada Adult Team
Raymore TAY Team
St. Charles Crider TAY Team
Jefferson City Metro TAY Team

Family Guidance Center
St. Joseph Adult Team

Ozark Center
Joplin Adult Team
TAY Team

Places for People
St. Louis Adult teams:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

Preferred Family Healthcare
Hannibal TAY-ITCD Team

St. Patrick Center
St. Louis Adult Team

Hopewell
St. Louis TAY Team

INSIDE THIS ISSUE:

New Faces 2

Tips & Tools 2

Spotlight 3

TMACT Corner 3

Resources, Team map & DMH Contact Info 4

Language of Recovery 5

Forum board info

ACT face to face meeting 6

Client arts 7

Providing quality ACT services is hard work for teams. It takes a lot of dedication from individuals who are passionate about the work they do. At DMH, our priority for teams is to provide the best services for the best outcomes to the individuals they serve. As part of supporting teams in doing so, we have been able to offer a variety of trainings and technical support. We have a variety of fidelity review staff who have diverse types of job experience and evidence based practice training. Some of the various types of team support we can provide include:

Staff observation

- Transfer of interventions to documentation
- Coaching on EBPs as well as best practices such as motivational interviewing, person centered planning, psychosocial rehabilitation and therapy modalities

Review of documentation

- Feedback on evidence of using EBP in interventions
- Feedback on assessments, pre-treatment planning or final treatment planning examples
- Review/feedback on staffing logs, staff and client schedules
- Review/feedback on tracking of engagement efforts and interventions
- Feedback on transition to less intensive services

Attending meetings with the team

- Coach on effective use of the meeting time

- Coach on logging the meetings and tracking supplemental information such as contacts and outcomes
- Demonstrate, assist and coach on person centered planning

Trainings

- 1:1 or team trainings on the use of evidence based practices
- 1:1 orientation to role training
- Training on specific areas of fidelity to the ACT model
- Understanding and following the TMACT protocol
- Orientation to ACT model
- Working effectively as a team
- Psychosocial rehabilitation provision and documentation
- Person centered planning
- Trainings provided both face to face, live via webinar or recorded video trainings

Networking and training

- Regular conference networking calls scheduled for each team member according to their specialty
- Face to face networking and training conferences to provide client outcome data, special trends in achieving fidelity to the ACT model and topic trainings relevant to team leaders

To be added to the distribution list for this newsletter, please click to contact

lori.norval@dmh.mo.gov requesting the addition of your email address.

Welcome new ACT teams!



To find past issues of the ACT Newsletter, go to the DMH—ACT page at:
<http://dmh.mo.gov/mentalillness/provider/act.html>
 Scroll down to “newsletters” and find your archived online copy!

Missouri ACT is on the web!
<http://dmh.mo.gov/mentalillness/provider/act.html>



NEW FACES AND TEAMS!

We want to welcome those individuals who have recently joined our ACT teams!

Places for People Impact Team:

Paige McNaughton – Program Assistant
 Shanika Eli – Vocational Specialist
 Debra Morlock – CSS
 Debi Schuhow – Prescriber

Places for People ACT 1 Team:

Sara Ivy – CSS
 Nicole Pawlaowski – Peer Specialist
 Trina Brown – Program Assistant

Places for People Home Team:

Laranda Cooper – Program Assistant

Hopewell Center TAY:

Steadman Williams – Vocational Specialist

Burrell Springfield Adult Team:

Denise Monson – RN
 Adam Larkin – Peer Specialist

Burrell Center TAY/BHDD Columbia Team:

Cole Westhoff – CSS

Burrell Center TAY Columbia Team:

Samantha Moog – Substance Use Specialist
 Kailin Tintes – CSS

Burrell Springfield TAY-Team:

Autumn Graves – RN

Compass Health TAY Jefferson City:

Linda Grandison – Program Assistant

St. Patrick Center:

Shawn Fitzwilliam – Mental Health Specialist/therapist

Preferred Family Health TAY/ITCD Team:

Jessica Baker – Team Leader
 Alex McIntosh – Administrative Assistant
 Carol Greening – Prescriber
 Erin Riney – RN
 Ginny King – Substance Use Specialist
 Jeff Morris – Vocational Specialist
 Chrissy Doolin – CSS
 Stephanie Wathen – Peer Specialist

ACT Tips & Tools of the Trade

Employment as a Responsibility of the Whole Team

Initially, many clients indicate that they do not want to work or that they think they are unable to work. In addition, because staff can't predict how well a person is going to do in employment, they may be hesitant to help clients to find jobs. To overcome both client and staff resistance or apprehension, it is absolutely critical for the vocational specialist and all the team members to work together to encourage, support, and provide

clients opportunities to try to work.

The ACT team increases client interest and motivation to work by:

- Talking about work, stimulating thinking about work and raising expectations to work in individual and group and formal and informal interactions with clients.
- Finding work opportunities for clients to boost their confidence and help them realize they can work and to determine their work interests and

competencies.

After gaining work experience (e.g., working at several jobs) clients begin to

- Believe that they can work
- Successfully meet expectations that go with work
- Feel a sense of accomplishment and belonging

Parts taken from “A Manual for ACT Start-Up”, 2003 Ed. By Allness and Knodler.

TEAM MEMBER SPOTLIGHT



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/men-talillness/transitio nageyouth.html>

Name: Renata Johnson

Team: ACT-TAY team “Metro”,
Compass Health

Located: Jefferson City

Position: Vocational Specialist

Favorite food: SEA food- Pasta

My Favorite thing about being on the ACT-TAY team is being part of a team. Crossing each other’s T’s and dotting the I’s; tag team to victory; a support.

Something I would like to share with other teams is picture yourself as the mechanics working in stations but together we function to succeed. Continue to work as a team, bounce ideas off each other, don’t be afraid to try and think outside the box. You are a living, walking testimony. Be that guide for the youth who can do it, but just need support doing it, completing it and succeeding at it. Go in with compassion and come out with a relationship with

a successful treatment, a great experience and blessing to what we call our family; our village. Don’t be afraid to communicate and use the same tools that we exercise with our family (clients) which are the same tools we as a team should put in to practice daily. Reach out to other teams. The monthly calls for this position are so helpful. The trainings are so helpful. The good thing about the learning is that we can never know and learn enough. There are always different tactics that can be used and practiced. Its ok to care. Make sure you are taking care of yourself. To have a healthy team is to be a healthy you—together. Lastly, to have a team is to have good direction and with good directions comes a great leader. So I tip my hat to the team leads who work tirelessly and effortlessly to make sure the team is well prepared and clients are all secure.

TMACT Corner

Emerging Needs in Team Meeting/Daily Staff Schedule

In addition to being driven by weekly consumer schedules, the daily staff schedule is also based on consumers’ emerging needs identified during staff report during the daily team meeting. “Emerging needs” are defined as any consumer needs identified during the daily team meeting that were not already scheduled to be addressed for that day based on that consumer’s weekly schedule. Examples include:

- Medical, dental or other appointments not regularly scheduled based on the consumers’ treatment plan;
- Crisis response contacts
- Hospitalization

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!

Lori.Norval@dmh.mo.gov

Lori.Franklin@dmh.mo.gov

Susan.Blume@dmh.mo.gov

Kelly.Orr@dmh.mo.gov

Chrystal.Frey@dmh.mo.gov

Carolyn.Conus@dmh.mo.gov



Follow PACTwise team solutions ‘blog for interesting articles written by fellow ACT staff with over 30 year’s experience in the field at: <https://pactwiseblog.com/>

Page 4

DMH Contact Information:

Susan L. Blume, M.Ed.
Manager of Service Implementation & Evaluation
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101
Phone: (573) 751-8078
Susan.Blume@dmh.mo.gov

Lori Norval, MS, LPC
Mental Health Manager
Department of Mental Health
2201 N. Elm St.
Nevada, MO 64772
Phone: (417) 448-3476
Lori.Norval@dmh.mo.gov

Kelly Orr
Community Mental Health Specialist
Department of Mental Health
5400 Arsenal Street
St. Louis, MO 63139
Phone: (314) 887-5972
Kelly.Orr@dmh.mo.gov

Lori Franklin, MS
Program Specialist II
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101
Phone: (573) 751-0768
Lori.Franklin@dmh.mo.gov

Chrystal Frey, MA
Quality Assurance Specialist
Department of Mental Health
2201 N. Elm St.
Nevada, MO 64772
Phone: (417) 448-3462
Chrystal.Frey@dmh.mo.gov

Carolyn Conus, MS
Program Specialist II
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101
Phone: (573) 526-0264
Carolyn.Conus@dmh.mo.gov



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<http://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>

Dartmouth Supported Employment Center

<http://www.dartmouthips.org/>

Missouri Peer Specialist

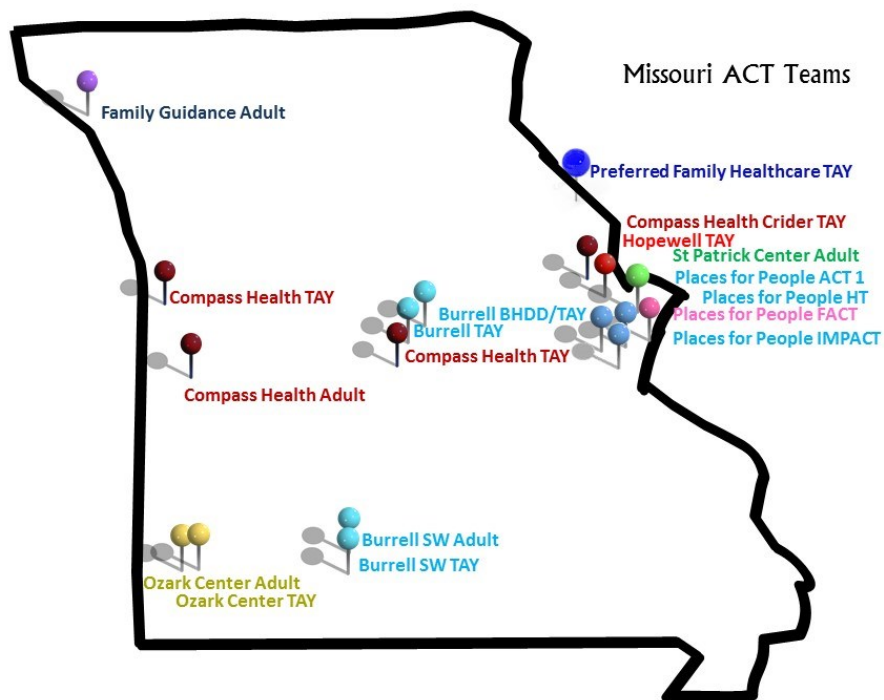
<http://www.peerspecialist.org/peerspecialist1.0/default.aspx>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Recovery Network

www.morecovery.org



Missouri

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Issue 16

Fall 2017



To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[**CLICK HERE**](#)

Take the free **SOAR online training course** by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Language of Recovery

In working with individuals, it is important to reframe our thinking as helpers and ultimately the language we use to refer to and about them. Consider making these changes in your terminology:

- Treatment as the goal and only way to recovery vs treatment is an opportunity for initiation into recovery (multiple paths into recovery)
- Untreated addict/alcoholic vs individual not yet in recovery
- Substance Abuse vs Substance Use Disorder/Addiction/Substance Misuse
- Relapse Prevention vs Recovery Management
- Relapse vs Recurrence/return to use
- Clean/Sober vs Drug Free/free from illicit and non-prescribed medications
- Drug Overdose vs Drug Poisoning
- Graduate from Treatment vs Commence Recovery
- Denial vs Ambivalence
- Clients/Patients/Consumers vs the people in our program/ the folks we work with/ the people we serve
- Non-compliant vs choosing not to/would rather/is looking for other options

(adapted from Addiction Technology Transfer Network)

Free MOACT forum/discussion board

DMH has secured a private, web based location for a forum/discussion board for ACT team staff members. The site is located at <http://moact-forum-board.freeforums.net/>

You must register for entry to the forum and to see all the posts. Your registration is approved by one of the administrators of the forum. Once approved, you may begin reading the threads and posting or replying to existing threads. The forum has sections to describe its purpose, the rules for participating and members must agree to HIPPA compliance

with posting. All posts are monitored by forum administrators and will disallow any private client information. Forum memberships are removed if a member leaves ACT team service provision.

We hope the forum will give staff an opportunity to browse important topics relevant to ACT at their convenience as well as offer a platform to post questions, discussions or suggestions to your co-ACT teams across the state.

Sign up now and be part of our discussions!

ACT Team Leader Face to Face Meeting



DMH hosted the annual ACT Team Leader face to face meeting on September 29th. We had leaders and assistant team leaders representing all the agencies. A full day of activities were planned including introductions, ice breaker, discussion topics, networking opportunities and awards. Team Leaders had the opportunity to think about their own team's culture and chose one word that defined their team. Those were shared with the full group and leaders gave detail supporting their word choice. *(picture left)* The cultures were positive and interesting and provided food for thought for all the leaders to consider and reflect upon. During lunch, awards to teams with high scores in the TMACT scales from last review cycle were presented including:

High scoring team in Operations and Structure - Burrell SW adult team scoring "5"

High scoring teams in Core Team—Places for People FACT and Ozark Center TAY both scoring "4.6"

High scoring teams in Specialist Team—Burrell Columbia TAY and Places for People IMPACT both scoring "5"

High scoring teams in Core Practices—Burrell Columbia TAY and Ozark Center TAY both scoring "5"

High scoring team in Evidence Based Practices—Ozark Center TAY scoring "4.6"

High scoring team in Person Centered Planning—Ozark Center TAY scoring "4.6"

Highest baseline score ever—Ozark Center TAY scoring total score "4.6"

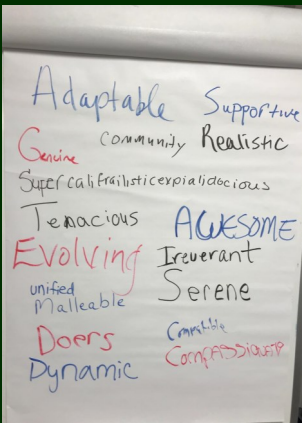
Also awarded was most improved overall for years of operation—Places for People Home Team with 1.20 point improvement in the TMACT

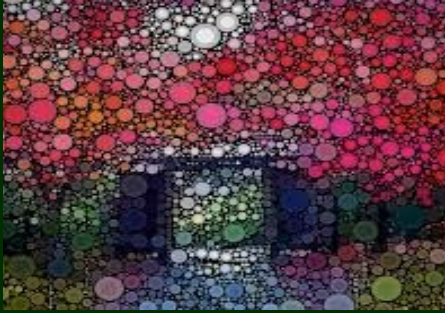
Most improved in the 2016-2017 review cycle—Places for People FACT with a .80 improvement in score

Places for People FACT was also recognized as being mentioned in recent study of forensic services provided in Missouri.

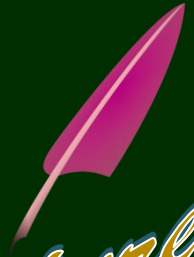
Team Leaders networked with one another about their own leadership styles and abilities, including consideration of the Top 10 leadership abilities, tapping into their leadership abilities and how these effect fidelity to the ACT model. In addition, Leaders were given actual scoring information across all teams (from the latest review cycle). These included several scale items including scales averaging "3" or less by all teams, scales with wide range of scoring among teams and scales in which teams score exceptionally high. Factors impacting the lower or higher scores were noted and discussed. The meeting ended with the ACT outcomes data presented in line and bar graphs to reflect the variations among teams.

Overall it was a great day with good information sharing, learning, networking and some fun and food thrown in for good measure. We are planning another meeting in 2018, most likely in the fall. Specific dates will be forthcoming. Thanks to all who attended and congratulation to our award recipients.



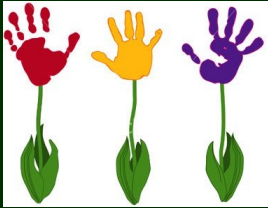


Arts & Literature



Expression

SUBMIT YOUR CLIENT ART—POETRY, PHOTOS,
TESTIMONIALS, SHORT STORIES, PHOTOS OF
PAINTINGS, SCULPTURE, ETC.—TO
LORI.NORVAL@DMH.MO.GOV



Creativity